Editorial

The Impact Factor and Scientific Journals

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Thanks to you, our readership, our combined Global Spine Journal/Evidence-Based Spine-Care Journal has enjoyed substantial popularity in terms of submissions. In response to this demand, the AOSpine International Board has given us permission to increase our number of annual issues from 6 to 8. This increase in annual issues has come with a number of stipulations, of which one of the leading ones is the mandate to achieve a competitive Impact Factor (IF) over the next 2 years. As a relatively young PubMed listed publication we needed to accumulate at least 2 years of continuous quality publications to qualify for this rating. Thanks to your many submissions and our outstanding volunteer reviewers we now have reached a point where we are able to stand the scrutiny of the scientific community at large. We thought that you might be interested in learning more about the ways the IF is determined.

The IF is a proprietary calculation provided as a paid service by Thomson Scientific, a subsidiary of the Thomson Reuters Corporation based in New York, USA and Toronto, Canada. Basically, the IF is calculated as the quotient of the number of citations that the journal in question received in the over 11,000 indexed journals in the year after a 2-year review period. This number of citations is then divided by the number of "citable items" published in that journal in the 2 reviewed years. In example, for GSJ/EBSJ the number of citations that our articles published in 2014 and 2015 receive in other indexed journals in 2016 is divided by the number of "citable articles" that we published during the 2014–2015 period. This number is then published as the "2016 IF" in 2017. As in anything metric, the IF can and will then be used for comparison to other specialty journals that are indexed in the Web of Science (IS), which is a Thomson Reuters subscription-based service consisting of about 11,000 scientific publications. GSJ/EBSJ has now acquired enough of a track record to go up for a rating of an IF and as stated our Board and our peers will scrutinize our rankings closely as a measure of our success.

There are several well-established strategies to improve an IF calculation. The main recipe is to limit the amount of "citable" items to such articles that stand a chance to be quoted elsewhere. This puts biographies, abstracts, and especially case reports into the category of "undesirable" publications, as they are usually viewed as "citable" articles by Thomson Scientific, but unfortunately have a very low likelihood of actually getting quoted in other scientific publications.

For us in AOSpine and our Editorial Board the decision not to accept case reports (CR) was a difficult one. We are aware that we serve a global interdisciplinary constituency of spine surgeons. For many colleagues, formal research resources have been hard to come by—a CR of an interesting appearing or unusual case together with a literature review is a welcome stepping stone into the world of published academia. Similar motivations have made CRs the preferred entry point into the world of peer-reviewed scientific publications for trainees around the world. Sadly in a world of increasing push for fiscal efficiencies the work load required to process CRs stands in no relation to the number of submissions and the chances that such a CR will become a quotations hit. In our world of "Evidence-Based Medicine" CRs do not even register as they form the very bottom of the pyramid at Level 5! In looking at these negatives, are there any justifications left to keep looking at CRs or will they become extinct in the not too distant future?

Interestingly, CRs have held a significant place in medicine as an early warning system for unusual or perplexing developments and observations. Two classic examples for CRs being the harbingers of much bigger things to come can be found in the world of infectious diseases with HIV and Ebola having been first reported on a case basis well before any mainstream scientific investigations were started.[1,2] In spine traumatology it was the landmark CR by Frank Eismont that raised our awareness about cervical dislocations with traumatic disk herniations possibly leading to secondary neurologic damage in case of an inopportune reduction.[3] Another important aspect of CRs presents with very rare

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complications or events—such as perioperative blindness.[4] So CRs can have a vital role as an early warning alarm prior to any formal investigation. In our era of information overflow the occasion where such meaningful nuggets can achieve recognition has sadly dropped to near nil.

As Editors-in-Chief of GSJ/EBSJ we hope that our decision to concentrate on your high-quality scientific contributions and achieve a respectable IF rating will find your full support. And all other things aside—should you be convinced that you stumbled upon a major breakthrough insight from a case report, please let us know!

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